

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10		6				
11		6				
12		6				
13	1					
14						
15						
16						
17						
18						
19		6				
20		6				
21	1		1			
22						
23						
24						
25						
26						
27		6				
28		6				
29		6				
30		6				
31		6				
32		6				
33		6				
34		6				
35		6				
36		6				
37		6				
38		6				
39		6				
40		6				
41		6				
42		6				
43		6				
44		6				
45		6				
46	1					
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61	1					
62						
63						
64						
65						
66						
67						
68						
69	1					
70						
71						
72						
73						
74						
75						
76						
77						
78						
79		10				
80	1					
81						
82						
83						
84						
85						
86						
87						
88						
89	1					
90						
91						
92						
93						
94						
95						
96		6				
97						
98	1					
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103						
104						
105						
106						
107						
108						
109						
110						
111						
112						
113	1					
114						
115						
116						
117		4				
118		4				
119	1					
120						
121						
122						
123						
124						
125		6				
126	1					
127						
128						
129						
130						
131						
132						
133	1					
134						
135						
136						
137		4				
138		4				
139						
140	1					
141						
142						
143						
144						
145						
146						
147						
148						
149						
150						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154	1					
155						
156						
157						
158						
159						
160						
161						
162						
163						
164	1					
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189	1					
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
201		150				
102						
103						
104	1					
105						
106						
107						
108						
109						
110						
111						
112	1					
113						
114						
115						
116						
117						
118						
119						
120						
121						
122		15				
123	1					
124						
125						
126						
127						
128						
129						
130						
131						
132	1					
133						
134						
135						
136						
137						
138						
139						
140						
141	1					
142						
143						
144						
145						
146						
147						
148						
149						
250						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
251						
152						
153						
154						
155						
156						
157	1					
158						
159						
160						
161						
162						
163						
164	1					
165						
166						
167						
168						
169						
170						
171						
172	1					
173						
174						
175						
176						
177						
178						
179	1					
180						
181						
182						
183						
184						
185						
186						
187						
188	1					
189						
190						
191						
192	1					
193						
194						
195						
196	1					
197						
198						
199						
200	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560654

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
301						
102						
103		3				
104	1					
105						
106						
107						
108		4				
109	1					
110						
111						
112						
113		4				
114						
115						
116						
117						
118						
119						
120						
121						
122						
123						
124						
125						
126						
127						
128						
129						
130						
131						
132						
133						
134						
135						
136						
137						
138						
139						
140						
141						
142						
143						
144						
145						
146						
147						
148						
149						
350						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
351						
152						
153						
154						
155						
156						
157						
158						
159						
160						
161						
162						
163						
164						
165						
166						
167						
168						
169						
170						
171						
172						
173						
174						
175						
176						
177						
178						
179						
180						
181						
182						
183						
184						
185						
186						
187						
188						
189						
190						
191						
192						
193						
194						
195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						